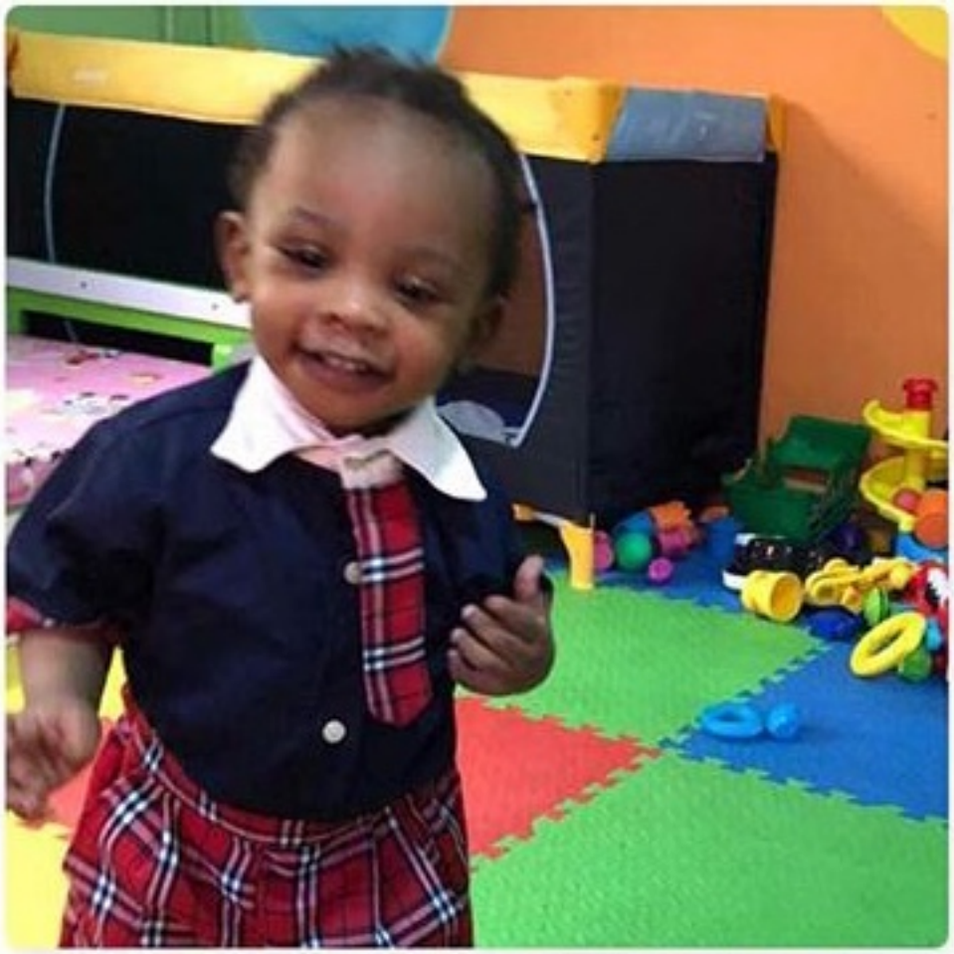

NOW ADMITTING
Wendy House Schools
Creche
Pre-School
After-School
Our Vision:
"We will learn together, work together, play together and build together"
Our Mission:
To provide a learning environment that will nurture, cherish and build on the uniqueness of each child.
0808 088 3011
0805 146 8183
15, Calabar Street
Off Adisa Bashua Str.,
Alhaji Masha,
Surulere, Lagos




GBTD Collage

Wendy House Schools

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ADMISSION AGREEMENT

WENDY HOUSE SCHOOLS

CRECHE, PRESCHOOL, NURSERY AND AFTER SCHOOL

15 Calabar Street, Suru-Lere, Lagos, Nigeria.

Wendy House Schools is opened to any child, regardless of race, sex or religious background.

Our program provides Creche, Pre-school/Pre-Kindergarten, Nursery and After School experience,

Child's Name _____

This agreement entered into _____, 20___,

(Date)

by and between _____, _____

(Parent/Guardian) (Parent/Guardian)

and **Wendy House Schools.**

It is mutually agreed between the parties as follows: Basic Services:

1. The child shall be involved in a program of play and learning experiences that are appropriate for the ages of children enrolled in the program. A balance of active and quiet play is provided, with individual and group activities geared toward the emotional, social, physical, cognitive, and creative language and individual growth of the child.

2. The child shall be furnished from home with a labeled bag to include morning and afternoon snack along with his/her own "ready to eat" lunch. (Please, encourage a balanced diet)

3. If the child comes to the program and becomes ill his parent/guardian is called to pick up the child. The sick child will be isolated from the other children until picked up by the parent/guardian. If the child has a fever, stomach or intestinal illness, they will not be allowed back to the program until 24 hours after the condition has passed.

4. The child shall be administered physician-prescribed medication only given by parent o guardian.

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IMMUNIZATION RECORD

NAME OF CHILD _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

PLACE OF BIRTH _____

FATHER'S NAME _____ PLACE OF BIRTH _____

MOTHER'S NAME _____ PLACE OF BIRTH _____

MEDICAL HISTORY

ALLERGIES _____

CHILDHOOD DISEASES _____

CHRONIC MEDICAL CONDITIONS _____

ACCIDENTS/SERIOUS ILLNESSES/SURGERIES _____

MEDICATIONS

IMMUNIZATIONS:
YOU ARE REQUIRED TO SUBMIT A PHOTOCOPY OF YOUR CHILD'S IMMUNIZATIONS AT THE TIME OF REGISTRATION.

NAME OF PHYSICIAN _____ PHONE _____

NAME OF DENTIST _____ PHONE _____

PLACE WHERE IMMUNIZATIONS WERE RECEIVED _____

WEARS GLASSES _____ REQUIRES HEARING AID _____

SIGNATURE OF PARENT/GUARDIAN _____

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Photo Release Form

Please be advised that your child may be photographed or video taped at various school sponsored events. If you would like your child's photograph to appear in our schools' website, please sign and return this form.

Please sign and return this form

I ..... give permission for my child's photograph and or video to be posted on the schools' website.

I ..... do not want my child's photograph and or video to be posted on the schools' website.

.....

Signature & Date

.....

Child's Name

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CHILD'S REGISTRATION FORM

Child's Name: _____ Date of Birth: _____ Sex M ☐ F ☐
Surname Name First Name Middle Name DD/MM/YY

Address: _____

Telephone (Home): _____ How did you hear about us: ☐ Internet ☐ Flyer ☐ Others ☐

Mother/Guardian: _____
Surname Name First Name Middle Name

Address: _____

Telephone (Home): _____ Mobile: _____ e-mail: _____

Name of Employment & Address: _____

Father/Guardian: _____
Surname Name First Name Middle Name

Address: _____

Telephone (Home): _____ Mobile: _____ e-mail: _____

Name of Employment & Address: _____

Health Information

Physician's Name: _____ Tel: _____

Physician's Address: _____

Allergies/Medical Conditions: _____

Emergency Contact Information 1	Emergency Contact Information 2
Name _____	Name _____
Relationship to child: _____	Relationship to child: _____
Street Address: _____	Street Address: _____
Mobile or Daytime Phone: _____	Mobile or Daytime Phone: _____

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5. In case of injury, the staff shall give appropriate first aid to the child. If it is the judgment of the staff that the injury is an emergency, the child shall be taken to the Registered Hospital of the School and a parent or guardian shall be contacted.

6. The director or staff members will notify the child's parent/guardian of suspected exposure to communicable disease.

7. The director and staff shall attempt to safeguard personal belongings, but shall not be responsible for lost or broken items. Please put child's name on all clothing and personal belongings.

8. The child must be signed in and signed out every day by the child's parent/guardian. This signature must be the first initial and the full last name; the time of day must be included (ONLY PARENT OR AUTHORISED GUARDIAN SHALL BE ALLOWED TO SIGN OUT A CHILD, UNLESS PREARRANGED BY THE PARENTS).

9. The Director or any staff members shall report to Children's Protective Service or the Police Department as required by the State of Penal Code, any suspicion of child abuse, sexual or otherwise, neglect, or endangerment of which they may become aware.

10. The child may be required to be removed immediately and without advance notice from Wendy House Schools for consistent use of inappropriate language, abusive and/or harmful, aggressive behavior or disruptive behavior, or if the School cannot guarantee the safety of the child or other children due to the child's behavior.

11. The child/family may be required to be removed with a two week notice from Wendy House Schools for consistent disregard to **WHS's** policies, late or lack of payment for services, disruptions to daily schedule and/or the use of inappropriate language, abusive and/or harmful, aggressive behavior or disruptive behavior toward students and/or staff by parent/guardian or if **WHS** is unable to meet the needs of the child.

12. The Lagos State Government requires that child/children be registered with an approved Hospital or Medical Centre for emergency purposes and the cost of any treatment required or administered to the child whilst in the care of **WHS** shall be borne by the parents/guardian.

13. Parent has the right to request, in writing, that another parent not be allowed to visit a child or take a child from this facility provided the custodial parent has shown a certified copy of a court ordered custody. If there are court ordered custody measures in place please provide a copy and keep us advised.